

# National Institutes of Health FastRes Fax Form

Building 31 - Room B2B37 - Executive Plaza-South - Room 150A  
 Telephone: 301-496-8900 - Fax: Bg. 31: 301-402-0015, EP-S: 301-654-2729

*OBER will confirm all arrangements within two business days.*

If Ober has your Frequent Traveler Profile, fill in only spaces with double outside lined

## TRAVELER INFORMATION

|                            |                                                                                                                      |                       |                            |                                                                                                                               |
|----------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>Traveler Name:</b>      | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. |                       | <b>Institute/Division:</b> |                                                                                                                               |
| <b>Business Address:</b>   |                                                                                                                      |                       |                            |                                                                                                                               |
| City/State/Zip Code:       |                                                                                                                      |                       |                            |                                                                                                                               |
| <b>Home Address:</b>       |                                                                                                                      |                       |                            |                                                                                                                               |
| City/State/Zip Code:       |                                                                                                                      |                       |                            |                                                                                                                               |
| <b>Business Telephone:</b> |                                                                                                                      | <b>Business Fax:</b>  |                            |                                                                                                                               |
| <b>Home Telephone:</b>     |                                                                                                                      | <b>E-Mail:</b>        |                            |                                                                                                                               |
| <b>Secretary/Asst:</b>     |                                                                                                                      | <b>Asst.'s Phone:</b> |                            |                                                                                                                               |
| <b>Passport No.:</b>       |                                                                                                                      | <b>Country:</b>       |                            | <b>Expires:</b>                                                                                                               |
| <b>Driver's Lic. No.:</b>  |                                                                                                                      | <b>State/Country:</b> |                            | <b>Expires:</b>                                                                                                               |
| <b>Billing:</b>            | <input type="checkbox"/> Official Travel <input type="checkbox"/> Personal Travel                                    |                       | <b>Charge to:</b>          | <input type="checkbox"/> Gov't American Express <input type="checkbox"/> Gov't Account <input type="checkbox"/> Personal Card |
| <b>Gov't Card Co.:</b>     |                                                                                                                      | <b>Number:</b>        |                            | <b>Expires:</b>                                                                                                               |
| <b>Credit Card Co.:</b>    |                                                                                                                      | <b>Number:</b>        |                            | <b>Expires:</b>                                                                                                               |

## TRAVEL PREFERENCES

|                              |                                  |                                   |                                               |                                                   |                                                              |
|------------------------------|----------------------------------|-----------------------------------|-----------------------------------------------|---------------------------------------------------|--------------------------------------------------------------|
| <b>Seating:</b>              | <input type="checkbox"/> Window  | <input type="checkbox"/> Aisle    | <input type="checkbox"/> Smoking-If Available | <input type="checkbox"/> Non-smoking              | (If no preference, OBER will assume Aisle, Non-smoking)      |
| <b>Class of Service:</b>     | <input type="checkbox"/> First   | <input type="checkbox"/> Business | <input type="checkbox"/> Coach                | (Business & First Class requires prior approval.) |                                                              |
| <b>Meals: (If Available)</b> | <input type="checkbox"/> Low Fat | <input type="checkbox"/> Low Cal. | <input type="checkbox"/> Kosher               | <input type="checkbox"/> Vegetarian               | <input type="checkbox"/> Fish <input type="checkbox"/> Other |

## TRIP INFORMATION

| + From (Airport, if more than one.) | To (Airport, if more than one.) | Date/Approx. Time | Comments |
|-------------------------------------|---------------------------------|-------------------|----------|
| 1                                   |                                 |                   |          |
| 2                                   |                                 |                   |          |
| 3                                   |                                 |                   |          |
| 4                                   |                                 |                   |          |

|                       |
|-----------------------|
| <b>Special Needs:</b> |
|                       |

## FREQUENT FLYER/USER PROGRAMS

| Airline | Account Number(s) |
|---------|-------------------|
|         |                   |
|         |                   |
|         |                   |
|         |                   |

I authorize that the above reservation be charged to the account specified and that reservation guarantees be charged to my ☐ Gov't American Express ☐ Personal credit card

|           |       |      |
|-----------|-------|------|
|           |       |      |
| Signature | Title | Date |

Revised June 26, 1997